

Community Services Block Grant (CSBG) Senior Services Mini Grant Program

Please complete the following Application Form, answering all questions completely and providing requested supporting documentation and attachments. Incomplete applications, including all required attachments and documentation, will not be considered.

Applicant Information

Legal name of entity or Non-profit		
organization		
DBA		
Legal Address		
Mailing Address		
CEO/President	Email	
Telephone	Fax	
Point of Contact	Title	
Telephone	Email	
Website	EIN#	
What year was the organization established?		
1. What is the mission or purpose of the entity or r	ıonprofit organ	ization?
2. Where will project activities take place? Please take place in Seminole County).	provide specific	c addresses for locations(s). All activities must
3. Has the entity or organization received grant for (2) years?Yes No	ınds to operate	or administer Senior Programs in the past two
I P a g e		

If yes, please disclose the source, amount, purpose and date received of your top 5 funders in the past 2 years.

Source	Amount of Grant	Purpose	Date Received

4. What other funding source	es are being	pursued	or requested for this program,	'project?
5. Indicate the name and cont	act informat	ion of th	e person completing the applic	ation:
Name:				
Phone:				
Email:				
			rd Chair who verifies the info e organization's application for	
Executive Director, CEO or Bo	ard Chair			
,	-	(Type or I	Print)	
Executive Director, CEO or Bo	ard Chair			
	_	(Signature	2)	
	•	Date		
	_			

PPROJECT DESCRIPTION				
Funding Category:				
Amount of CSB0 funds requested				
address	a detailed description of the program, including the identified need that the program will; the targeted population to be served; and the geographic area to be served; (Not to exceed 1 oubled space)			
for which	a detailed description of the organization's history and experience in providing the services the hand the funding is being requested; partnership with other organizations to provide the and staffing plan. (not to exceed 1 page, doubled space) 15 points			
	the program/project activities; frequency and dosage of the program/project activities; and im/project timeline. (not to exceed 2 pages, doubled space) 20 points			
4. How ma	ny participants do you anticipate will participate in this project? 5 points			
Children/Youth Older Adults/Senior:				
SENIOR AND COMMUNITY IMPACT				
1. What is	the intended benefit of the project? (Do not exceed $\frac{1}{2}$ page, doubled space.)			

2. Provide at least two performance measures that will be used to evaluate the program/project

effectiveness and impact. Include activities, indicators, tools and frequency of data collection. (Do not

exceed ½ page.)

APPLICATION CHECKLIST

<u>Instructions</u>: Review the following items to ensure required documents are attached to the application and the application has been thoroughly completed. Incomplete applications will be returned to the applicant.

	Att	acnments
Is a completed W-9 form for the municipality or non-profit organization attached?	Yes	No
Is application signed by an Authorized Official (CEO, Board Chair) to approve application?	Yes	No
Are all application questions answered thoroughly and completely?	Yes	No
Is a copy of the non-profit's 501c3 letter attached?	Yes	No
If applicable, is a Match Contribution Worksheet Completed, documenting all volunteer and or in-kind contributions to the program/project?	Yes	No
Is the proposed Budget completed and attached, including narrative of expenses?	Yes	No
Is the entity or nonprofit most recent Financial Audit attached?	Yes	No
If applicable, are letter(s) of commitment from community partners attached?	Yes	No
Did a representative from the entity or non-profit organization attend the Pre- Application Training Workshop?	Yes	No